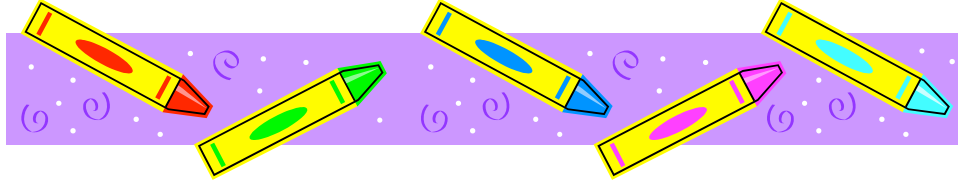


**Coaches Retreat 2009**  
**8:00 AM on February 20<sup>th</sup> to Noon on February 21<sup>st</sup>**  
**Red Lion Inn-Helena, MT**



**CONFERENCE REGISTRATION FORM**  
**Space is limited, so register early.**

**The \$200 registration fee includes:**

- ◇ 1 ½ days of quality in-service
- ◇ OPI Renewal Units
- ◇ Dinner on Friday and Breakfast on Saturday
- ◇ 2-year membership to MCTM

Please list any food allergies or special dietary needs:

Registration is due by **February 1<sup>st</sup>**. Cancellations after February 6<sup>th</sup> will be charged full conference price of \$200. Checks are made payable to MCTM. The balance must be paid by check or PO before beginning the workshop.

Please return or e-mail this form to:

Angel Zickefoose  
415 N. 30<sup>th</sup>, Room 234 – Billings, MT 59101  
Work: 247-3818 Fax: 255-3571  
E-mail: zickefoosea@billings.k12.mt.us

**Method of Payment**

☐ Check (made payable to **MCTM**)

☐ My district will be paying by P.O.

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School City \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Please indicate your grade level(s):

☐ Elementary    ☐ Middle School    ☐ High School    ☐ Other \_\_\_\_\_

Registration Number: \_\_\_\_\_  
E-mailed Confirmation: \_\_\_\_\_  
Paid Date: \_\_\_\_\_  
Check or PO #: \_\_\_\_\_